

## WESTERN DISTRICT OF TENNESSEE Application for Appointment to Mediation Panel

## Part 1- Biographical Information

Name:	Bar	*# <b>:</b>	
Office Information:		Home Information:	
Firm:			
Address:	Address:		
Phone:	Phone:		
Fax:	Fax:		
Cell 1:	Cell 2:		
Business Email:	_	_	
	t 2- Admitted to Practice		
	on-attorney please skip this sectio		
		Date Licensed:	
Licensed to practice in state of:		Date Licensed:	
Date Admitted to Practice in Western District of Teni	1essee:		
Part 3- Case 1	ypes and Areas of Law Exclusi	ons	
Specify type(s) of cases or area(s) of law in which yo	u do not want or feel qualified t	o serve as a Mediator:	
1	2		
3	4		
5	6		
7	8		
	Training, Qualifications and Exp		
Have you been trained as a mediator or arbitrator?	Yes	No	
Name(s) of the training organization(s):			
_			
Date(s) of Completion:			
Number of Total Training Hours:			
Brief Description of Training:			

Please list any previous	s mediation experience:
Please list any addition	al skills, education, training, or experience relevant to mediator qualifications:
Note: I	Please attach any additional pages needed to provide the above requested information.
	Part 5- Certification of Submitted Information
I hereby certify that the	above information provided in the application is true, accurate, complete and timely:
Applicant Signature:	
Da	ate:
	Return Completed Application by U.S. Mail, Email or Fax as follows:
Dv II C Mail:	
By U. S. Mail:	Thomas M. Gould, Clerk of Court
	United States District Court
	167 N. Main Street - RM 242
De Frankell O	Memphis, Tennessee 38103
By Facsimile Copy:	901-495-1250
By Emailed Copy:	ADR_tnwd@tnwd.uscourts.gov

Note: Please be sure to include your email address as requested above since all future communications concerning your application and appointment will be by email.